

**APPLICATION FOR PUBLIC SWIMMING POOL OPERATION PERMIT  
DURHAM COUNTY HEALTH DEPARTMENT**

**POOL INFORMATION**

POOL / FACILITY NAME \_\_\_\_\_  
STREET ADDRESS OF POOL \_\_\_\_\_  
POOL LOCATION PHONE # \_\_\_\_\_  
PERMIT # \_\_\_\_\_ YEAR POOL WAS CONSTRUCTED \_\_\_\_\_  
TYPE OF DISINFECTION USED (CIRCLE ONE) CHLORINE BROMINE OTHER

**TYPE OF POOL (CIRCLE ONE)**

SEASONAL: SWIMMING LAP DIVING SPA WADING

YEAR – ROUND: SWIMMING LAP DIVING SPA WADING

PROPOSED DATES OF OPERATION: \_\_\_\_\_ TO \_\_\_\_\_

**MAIL PERMIT RENEWAL APPLICATION AND ANNUAL FEE NOTICE TO**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**POOL OPERATOR INFORMATION (COMPLETE BOX THAT APPLIES)**

CONTRACTED POOL MANAGEMENT COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
COMPANY CONTACT PERSON \_\_\_\_\_  
DESIGNATED POOL OPERATOR FOR THIS FACILITY \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_

**ON-SITE EMPLOYEE POOL OPERATOR(S)**

NAME _____	TRAINED BY/CERT # _____
NAME _____	TRAINED BY/CERT # _____
NAME _____	TRAINED BY/CERT # _____
NAME _____	TRAINED BY/CERT # _____

**FACILITY OWNER INFORMATION**

NAME OF OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_

**LOCAL MANAGEMENT INFORMATION**

MANAGEMENT COMPANY \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_

**APPLICATION SUBMITTED BY**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT OR TYPE NAME

\_\_\_\_\_  
DATE